

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under 29 U.S.C. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U - <u>12460</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>Tracy L Davis</u> P.O. Box, Bldg., Room No., if any Street <u>3560 NW 80th Lane</u> City <u>Ankeny</u> State <u>Iowa</u> ZIP Code + 4 <u>50021</u>	4. Name, file number, and address of labor organization. Name <u>Operating Engineers Local 234</u> Labor Organization File Number <u>038-399</u> P.O. Box, Building and Room Number, if any Street <u>4880 Hubbell Ave</u> City <u>Des Moines</u> State <u>Iowa</u> ZIP Code + 4 <u>50317</u>
5. Position in labor organization. <u>Employee</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

08/11/2005

Date

515-249-2757

Telephone Number

Name of Person Filing Tracy Davis

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Iowa Operating Engineers Apprenticeship

Trade Name if any Operating Engineers Training L 234

P O Box Bldg Room No if any

Street 16299 Quebec Street

City Indianola

State Iowa

ZIP Code + 4 50125

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Iowa Operating Engineers Apprenticeship

Trade Name if any Operating Engineers Training L 234

P O Box, Bldg Room No if any

Street 16299 Quebec Street

City Indianola

State Iowa

ZIP Code + 4 50125

11 a Nature of such dealing

Payments for accounting services provided by filer to business

11 b Approximate dollar value of such dealing

\$1 100

12 a Nature of interest held or income received

12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment